

NOV 02 2004

Attorney Docket No.: 0120104C

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Application of: **Sacca, et al.**

Serial No.: 10/600,491

Filed: June 20, 2003

For: **Electronic Inductor with Transmit  
Signal Telephone Line Driver**

Art Unit: 2644

Examiner: Swerdlow, Daniel

**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated August 9, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.



**FARJAMI & FARJAMI LLP**  
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**FACSIMILE TRANSMISSION COVER SHEET**

Date: November 2, 2004

To: United States Patent and Trademark Office  
Examiner: Daniel Swerdlow; Art Unit: 2644

Fax: (703) 872-9306

Re: Application Serial No.: 10/600,491  
Filing Date: 6/20/2003; First-Named Inventor: Frank Sacca  
Attorney Docket No.: 0120104C

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 16

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated August 9, 2004.

Thank you.

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Attorney Docket No.: 0120104C

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Sacca, et al.SERIAL NO.: 10/600,491 FILED: June 20, 2003FOR: Electronic Inductor with Transmit Signal Telephone Line DriverHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.  
 The fee has been calculated as shown below:

EXTENSION FEE	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

- TOTAL EXTENSION FEE \$ 0.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	19	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***4	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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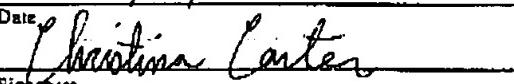
- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/2/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.  
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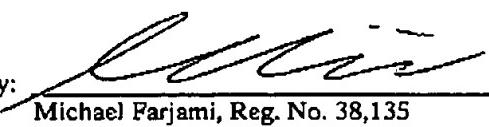
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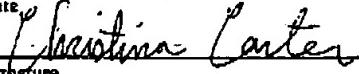
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Date: 11/21/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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